

**CITY OF HOPKINSVILLE
EMPLOYER'S PAYROLL WITHHOLDING**

101 North Main P. O. Box 707
Hopkinsville, Kentucky 42241-0707
270-890-0222 270-890-0231

FOR THE MONTH / QUARTER OF _____ 2012

1. Total earnings paid all employees ***.....\$ _____
(Gross wages – no pre-tax deductions may be taken)
2. Wages earned outside City limits.....\$ _____
3. Taxable earnings (line 1 minus line 2)..... \$ _____
4. Withholding Due (line 3 multiplied by 1.95%).....\$ _____
5. Penalty (* 5% per calendar month of line 4-**minimum \$25.00**)\$ _____
6. Interest (** 12% per year or 1% per calendar month).....\$ _____
7. TOTAL (***)Add lines 4, 5, and 6)..... \$ _____
8. Total Number of employees for pay period that included the 12th _____
(For Quarterly Filers, indicate number of employees for 3rd month of Quarter)
9. Number of Pay Periods included in this Report..... _____
10. Pay Cycle: ___ Weekly ___ Bi-weekly ___ Semi-Monthly ___ Monthly ___ Other

MAKE CHECK PAYABLE TO: CITY OF HOPKINSVILLE

*Penalty assessed if payment is not made to the City of Hopkinsville within 25 days from the end of the month or quarter. Penalty is due at the rate of 5% of the tax due for each calendar month or fraction thereof. Total penalty shall not exceed 25% of tax due unless the minimum penalty of \$25.00 applies.
**Interest is due at the rate of 1% per calendar month or fraction thereof on any unpaid withholding.
***If no wages were paid this month/quarter, mark "NONE" and return to the City.

NAME OF COMPANY _____

ADDRESS _____

___ Check here if this
is the final report
for business

I hereby certify that the information and statements contained herein or attached are correct.

Signature Telephone Number Date

Printed Name

Employers who have an average monthly liability of \$100.00 or less may file quarterly returns. All others must file MONTHLY. If quarterly withholding exceeds \$300.00, Employers must revert to monthly payment beginning with the next monthly filing and remain on monthly payments for subsequent periods.